

2014 Nurse Delegation Conference

October 31, 2014

~ Bios for Speakers and Presenters ~

8:30-8:45 am — Welcome and Opening Remarks



BILL MOSS ~ *Assistant Secretary,
Aging & Long-Term Support Administration*

Bill is serving as Assistant Secretary for the Aging and Long-Term Support Administration within the Washington State Department of Social and Health Services, a post to which he was appointed in February 2013.

Bill has worked for the Washington State Department of Social and Health Services for 20 years. Prior to becoming the Assistant Secretary, Bill was the Home and Community Services Division Director, the Office Chief of the Home and Community Programs Unit, and the Deputy Administrator at the Region 6 Home and Community Services office.

Bill graduated from Eastern Washington University in 1991. In 2001, Bill was nominated for the Governor's Distinguished Management Leadership Award and received the 2000 Assistant Secretary's Quality Leadership Award.

Available for Questions related to ProviderOne

SEANNA SAMS ~ *Operations Manager, Aging & Long-Term Support Administration
Billing Assistance for Social Services (BASS)*

Seanna Sams recently accepted the job as the Operations Manager for the Billing Assistance for Social Services Unit or (BASS). Prior to this role she was the Provider One Readiness Analyst for ProviderOne Phase 2 project at the Health Care Authority. She has extensive experience with ProviderOne as a Business Analyst in Phase 1 and then as the Operations Manager for the Customer Service Center.

Seanna has the rare experience of being involved with the ProviderOne project from the beginning, gathering requirements in 2003, through implementation in 2009, to supporting providers that use the current stabilized system. She chose to join the team for Phase 2 to assist the medical providers and staff in preparing for their successful transition to the new technology.

She has more than 25 years with the Health Care Authority and began her career as a clerical staff in the Home Health Authorizations unit during which time she enjoyed offering her technical skills and innovations to improve workflow, allowing the nurses to focus more time on clinical tasks.

9:15-10:15 am — Stay Puff Stress Relief



**JIM KENNEY ~ *Employment Program Manager
Aging & Long-Term Support Administration***

Jim is currently the Employment Program Manager for the Department of Social and Health Services, Aging and Long Term Support Administration, Home and Community Services Division. In that capacity he is the State Program Manager for the Title V Senior Community Service Employment Program.

Jim has worked in the Social Service field in Management level positions developing Supported Housing and Supported Employment programs for both Developmental Disabilities and Behavioral Healthcare organizations for over 25 years. Additionally, he has acted in the role of Clinical

Supervisor for over 15 years in those Behavioral Healthcare organizations in the King County region.

Jim also conducts trainings on a variety of clinical and employment issues, and is involved on both the state and national level with regards to supported employment issues for individuals with disabilities.

10:30-11:45 am — Developmental Disabilities Administration (DDA) Presentation and Panel

GAIL BLEGEN-FROST, RN has been with DDA since 1999; initially hired to assist case/resource managers to assess the needs of their most medically complex clients and working mostly with the Medicaid Personal Care program. She was involved in helping to train case/resource managers on the use of the complex CARE assessment tool and assisted with administrative hearings related to MPC services.

She coordinates the nurse delegation program for Region 1 as part of the Residential Services team and continues to provide support to staff to identify and coordinate needed supports for the individuals served by DDA. Prior to coming to DDA Gail was a pediatric home health nurse caring for several children on the Medically Intensive Children's Program.

WILMA BROWN has worked with DSHS since 1988, working at Interlake School an IMR in Medical Lake WA as a Therapeutic Recreation Specialist until 1992. She worked as a DD Case Manager with Field Services in Spokane from 1992 through 2006 having a children and adult caseload working with the Medically Intensive Children's Program. She has worked as Residential Resource Manager with Field Services in Spokane from 2006 to present and continues working with the Nurse Delegation Program as Spokane County Coordinator as well as other job duties.

10:30-11:45 am — DDA Presentation and Panel *(Continued)*

JULIE THOMPSON, RN MS CDDN has been working as a RN for over 30 years. Her experience not only includes general medical/surgical and obstetric nursing, but she has worked with people with intellectual and developmental disabilities for 20 years. She is certified as a Certified Developmental Disabilities Nurse (CDDN). Julie is the Nursing Care Consultant with Developmental Disabilities Administration (DDA) in region 3. Region 3 covers the geographical location from Tacoma south to the Oregon border and the entire peninsula. Julie determines clinical eligibility for Medically Intensive Children's Program (MICP) and adult Private Duty Nursing (PDN) program. She works closely with hospitals to In addition, Julie acts as a consultant and clinical resource for case managers, providers and families. Julie has participated in successful transitioning of children and adults who have been on MICP and adult PDN program to a safe plan with Medicaid Personal Care (MPC) with nurse delegation.

MEG HINDMAN has been with DDA for 10 years. She has been the nurse delegation coordinator for Region 2 North for about 3 years, covering Snohomish, Skagit, Whatcom, San Juan and Island County. She also is a Resource Manager for the same area. Prior to this position she was a Residential Case Manager; during this time she worked closely with the nurses and ensured any client that needed Nurse Delegation services was receiving them. As the Nurse Delegation coordinator Meg works closely with both Case Managers and nurses to answer and problem solve issues that arise.

KATHLEEN WOOD, whose office is in Seattle, is both a DDA Resource Manager and Nurse Delegation Coordinator for Region 2 S, which covers all of King County. As a Resource Manager, she works closely with Supported Living and Group Home Agencies that provide residential supports for adults with Developmental/Intellectual disabilities. In Nurse Delegation, she has contact with DDA residential Agencies, as well as with Case Managers who have IPs (Individual Providers), MPC (Medicaid Personal Care) Agencies, In-home clients, and Adult Family Homes on their case-loads. Contact includes training, guiding Agencies and Case Managers through the ND process. Kathleen is more than happy to assist RNDs with any questions or concerns. If you're a DDA contracted Trainer, you can contact her if you have a need for ND CORE or Diabetes Training Books. Kathleen's office number is 206-568-5783 and her email is Kathleen.wood@dshs.wa.gov.

KAREN ELMENDORF RN/BSN NCC REGION 1 is new to DDA. She has been in her Nursing Care Consultant position for a mere 4mos. She has been a pediatric nurse for over 40 years and has worked in hospital and community settings. Most recently, she spent over 30 years as the Nurse Coordinator for a neurodevelopmental center in Spokane that served infants and toddlers birth to three years with developmental disabilities. She has a passion for working with developmentally delayed individuals and their families and she finds the work challenging and humbling.

1:00-2:00 pm — Keynote: "The Future of Nursing"



MINDY L. SCHAFFNER, PhD, MSN, RN ~

*Department of Health, WA State Nursing Commission,
Nursing Education Advisor*

Mindy has over thirty years of experience in nursing, public policy and health care administration. She currently serves as Associate Director for the Washington State Nursing Care Quality Assurance Commission. Other work experiences include acute and public health nursing; long-term care administration, nursing faculty, health care administration and public policy development. She currently serves on the National Council of State Boards of Nursing Distance Learning Committee; Washington State Nursing Action Coalition (chair), Academic Progression in Nursing, National Committee for the Future of Nursing Action Coalition and Psi-at-Large Board of Directors.

She received her doctoral degree from the University of Washington in Seattle where her studies focused on public policy and quality improvement systems. She obtained her Master's degree as a clinical nurse specialist at Kent State University and her undergraduate nursing degree from the University of Illinois.

Her research has included studies on quality of care in assisted living facilities, the prescribing practices of advanced registered nurse practitioners, and burn care.

Dr. Schaffner has published articles in various peer-review journals. Her most recent publications relate to nursing education and practice in the State of Washington. She resides in a rural community near Eatonville, Washington with her husband and two German Shepherds.

2:15-4:15 pm — ProviderOne Readiness — Are You Ready?

DAVID FORTE, *Training Manager, ProviderOne Phase 2*

MATT ASHTON, *Provider Relations, ProviderOne*

KARLA WOOSTER, *Readiness Analysis, ProviderOne Phase 2*

4:15-4:30 pm — Closing Remarks — Closing Potions!

DORIS BARRET, RN, MBA is a Registered Nurse with a master's degree in Business Administration. With over four decades of experience in nursing, she has practiced in a variety of health care positions and settings. Currently, Doris is a Program Manager for the Washington State Nurse Delegation Program in the Aging and Disability Services Administration's Home and Community Services Division.

Previously, Doris owned and operated Barret Medical Services in Olympia, Washington, where she provided consultation to long-term care and assisted living facilities as well as case management and Nurse Delegation services. Doris has previous administrative experiences that include working as a Captain in the United States Air Force, a Nursing Home Administrator, Director of Nursing Services, a Case Manager, Medicare Consultant, and Home Health Director.

Doris' clinical experiences have included acute care, long term care, and community-based settings where, in addition to her clinical roles, Doris was responsible for program management, implementation of systems and training of licensed and non-licensed professionals. Doris' specialty has been working with the elderly and directing innovative programs that allow seniors to make expanded healthcare choices to meet their needs and maintain their independence.

KARYN LABONTE, RN, BSN is a Registered Nurse with a Bachelor of Science Degree in Nursing. Her interest in nursing started in high school. She has worked in a variety of capacities including direct care in home health, acute care hospitals, visiting nurse, and clinic(s). She has worked as a Nursing Home Surveyor, a Nursing Home Complaints investigator both in California and Washington State. In her current role she enjoys her role working with the delegators and within her team as a Nurse Delegation Program Manager in support of the Community Based Nurse Delegators and the Nurse Delegation Program.

ProviderOne

Washington's Social and Health Services Provider Payment System



Get Help!

1-800-562-3022

option 5 for Provider Services then
option 1 for Social Services

Phone hours: 9:00 am – 5:00 pm

Email: BASS@dshs.wa.gov

Additional Resources

ProviderOne Website:

<http://www.altsa.dshs.wa.gov/providerone/>

Helpful Tools:

Tutorials
How To Guides
Webinar Dates

Provider Enrollment Checklist

You have completed enrollment only after doing all these steps:

- ☐ ProviderOne login
 - ✓ Change password (write it down)
 - ✓ Create secret question and answer
 - ✓ Update date of birth
- ☐ Manage Provider Information
 - ✓ Complete required steps
 - ✓ Update mailing and billing address
 - ✓ Update phone number
 - ✓ Update email address
 - ✓ Remember to complete Step 16 after any change is made

Provider Feedback and Testimonials

"Thanks for all the help you and your team have provided. Changes are stressful and I have been so grateful for the quick response to all of my questions. Keep up the good work. THANKS!"

Provider calling BASS

"I had a provider that absolutely LOVED the webinar. Provider asked if she could have a copy of it. She was able to log in by herself after watching the webinar. Could not thank us enough for the lovely webinar!!!!"

BASS staff member

"Good training, Thank you."

Provider feedback on the Webinar

"I think I can finish signing up now."

Provider feedback on the Webinar

"It's never been this easy to get information before."

Provider calling BASS

**Got Nursing Needs?
Who Ya Gonna Call?**



Nurse Delegators!

*9th Annual Conference
for
RNDs with State Contracts*

**October 31, 2014
8:00 AM-4:30 PM**



Location:

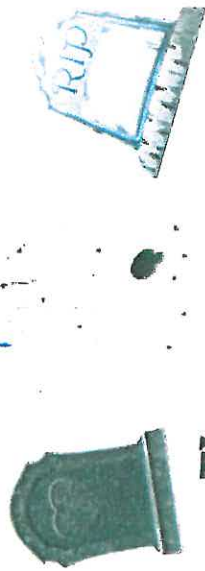
*Labor & Industries Building
I-5, Exit 101
7273 Linderson Way SW
Auditorium, South Wing
Tumwater, WA 98501*

Casper the Ghost:

Welcoming

Bill Moss

Assistant Secretary
Aging & Long Term Support
Administration



The

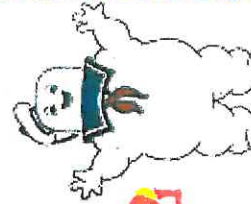
Monster Mash

Nurse Delegator
Group Intros



Marshmallow Man

Jim Kenney



Stay Puff Stress Relief

Group Ghoulies Panel Discussion

DDA



Ghoulish Activities

Time

Grave Marker
Registration

8:00-
8:30

Friendly Ghosts

Welcome by Bill Moss

8:30-
8:45

Monster Mash

Group Introductions

8:45-
9:15

Marshmallow Man

Stay Puff Stress Relief

Jim Kenney

9:15-
10:15

Treats & Greet's

Goblin Goodies

10:15-
10:30

Ghoulies Panel

DDA

10:30-
11:45

LUNCH

Network with fellow

Nurse Friends old & new

11:45-
1:00

Mindy's Fortune Telling

Explore & Redefine

Nursing Roles

1:00-
2:00

Treats & Greet's

Goblin Goodies

2:00-
2:15

The Trap Keepers

Provider One

2:15-
4:15

Witches of

Nurse Delegation

Closing Potions

4:15-
4:30

Spin Your Web -

Networking

Lunch



Come....

Look to the

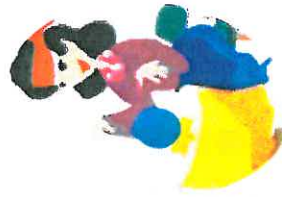
Future

of Nursing

Mindy Schaffner

Explore & Redefine

Nursing Rules



The Trap Keepers -

Provider One

Readiness

You'll Die Laughing



The Witches of


Nurse

Delegation

Doris and Karyn



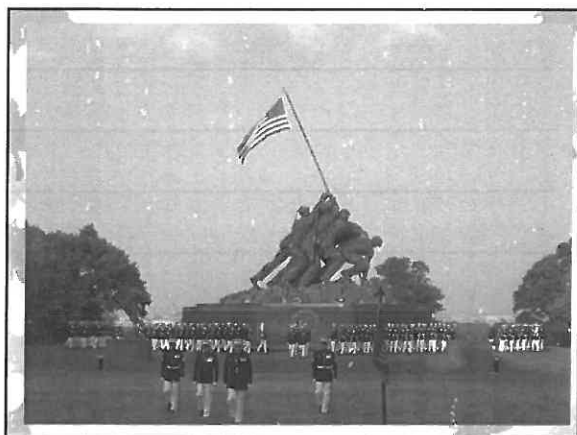
Stay Puff Stress Relief
*Managing Stress
and Self Care*



Jim Kenney B.A./M.H.P.
Employment Program Manager
DSHS/ALTSA

Introductions

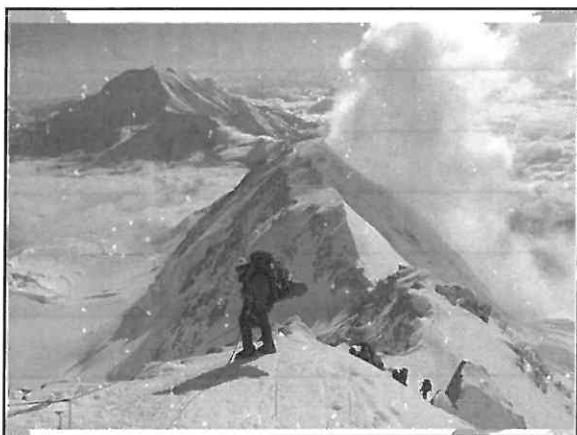
- What are your hopes for the class?



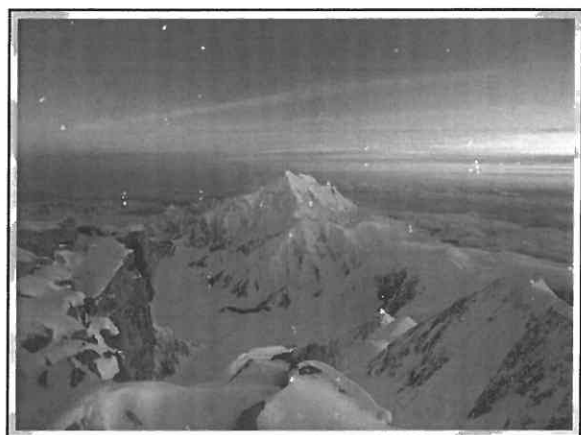














Objectives

- Define stress and the impact of stress on both emotional and physical health
- Understand the causes of stress, including external and internal stressors
- Learn to recognize stress and personal triggers
- Learn how to change thoughts, feelings, and behaviors during stressful situations
- Understand the role of worry as it relates to stress
- Strategies for stress management, stress relief, and self-care

What is stress?

- What are we talking about when we talk about stress?
 - Negative experiences
 - Positive experiences
 - Pressure
 - Anxiety
 - Anything that makes us feel overwhelmed
 - Anything that feels too demanding
 - Something that makes us worry

What is stress?

- Stress is a set of emotional, physical, and intellectual reactions to change. In its most positive form, it can motivate us to make important changes in our lives, to grow, and to accomplish great things. In its worst form, it can cause us to feel terrible, relapse into illness and old patterns, and act in ways that are not healthy for us.
- Each person responds to stress differently for a variety of reasons based upon our life experiences.

Impact of Stress on Health

- Researchers at the American Institute of Stress estimate that 75-90% of all visits to healthcare providers result from stress-related disorders
- 25% of all workman's compensation claims are for stress-related injuries
- 60-80% of all work related accidents are related to stress
- Decreased productivity and effectiveness
- The 2 most frequently prescribed drugs in this country are Valium and Librium, both tranquilizers

Impact of Stress on Health

- Healthcare workers are particularly susceptible to stress-related illness and burnout
- Dealing with chronic illness, human brokenness, recurring symptoms, high rates of relapse and slow change processes can be very draining for those working in the Social Services/ Helping Industries
- Depression, suicide, substance abuse, sexual misconduct, and relational problems can result if one does not effectively care for themselves and cope with their unique occupational stressors

Impact of Stress on Health

- Those involved in supporting individuals in life and work crisis situations face additional occupational stressors as their role continues to evolve
- Impact of Secondary Post Traumatic Stress Disorder
- Changing work expectations
- Change in Work Environment
- Without an ongoing self-care plan, there is great risk for burnout and "relapse"

Causes of Stress

- The causes of stress can be classified in 2 general categories:
 - External**
 - Includes such things as relatives getting sick or dying, losing one's job, unable to get the medication necessary for health
 - Internal**
 - Self-generated stress that results from our behaviors, reactions, thinking patterns, and lifestyle choices

External Stressors: Life Events

- In the 1950's, University of Washington psychiatrist Thomas Holmes began to search for specific links between illness and what he called life events—those things in life that call for the greatest adjustment.
- Holmes found that the more life events a person was subjected to within a brief period of time, the more likely he or she was to become ill.
- As the result of his work, the Holmes-Rahe scale was developed. It assigns a numerical score to the almost four dozen stressors, or life changes, that increase the risk of disease.

External Stressors: The minor hassles

*...It's not the large things that
Send a man to the
Madhouse...no it's the
Continuing series of
Small tragedies
That send a man to the madhouse...
Not the death of his love
But a shoelace that snaps
With no time left...
~Charles Bukowski~*

Recognition is Key!

The first step to effective stress management is to be able to recognize when we are feeling stressed out or overwhelmed.

What are some of your initial warning signs that you are feeling stressed?

Recognition is Key: Common Warning Signs

- Feeling sad, empty, irritable
- Feeling anxious all the time
- No interest in activities
- Desire to escape
- Weight gain/loss
- No appetite or overeating
- Lack of self-care
- Desire to numb with drugs or alcohol
- Insomnia or sleeping too much
- Lack of energy
- Obsessive thoughts
- Easily Distracted
- Stop maintaining daily routine
- Feeling "high" or better than good

Identifying Situational Triggers

Defining Situational Triggers:

A trigger is simply something that causes us to respond or to want to respond in an unhealthy way, causing undue stress.

A trigger can be an event, a person, a particular place, or a situation.

Triggers Initiate a Series of Events

Thought: Triggers make us THINK in a certain kind of way which leads to...

Feeling: Making us FEEL in a certain way which leads to...

Behavior: BEHAVING in a certain way that usually has consequences, sometimes good, sometimes bad.

Identifying Personal Triggers

Learning to identify your personal triggers is the first step in managing internal stress (self-generating stress that results from the way we react to external stress).

Coping with Triggers

While there are many triggering situations we can avoid, there are times that avoidance is simply not possible.

These situations call for us to change what we do with our thoughts, before they turn into a change in mood or behavior.

Coping with Triggers

Keep in mind what we learned a few minutes ago:

Trigger → Thought → Feeling

→ Behavior → Consequence

There are many opportunities along the way to prevent reacting in a negative or inappropriate way.

Coping with Triggers

- When the negative thought arises from a trigger, STOP in your tracks.
- Recognize that your thinking may take you on a negative path
- Challenge your own thinking
- Take a pause; Consider taking a step away from the situation
- Consider the damage you are doing to yourself both physically and mentally should you react in a way that causes undo stress
- Ask for help in examining your thoughts and feelings

Thoughts

If we do not catch ourselves before our **thoughts** spiral, we are probably going to have the following **feelings**:

- *I feel so frustrated; I am paralyzed and don't know what to do*
- *I feel guilty that I can't do anything right*
- *I am so angry at myself*
- *Why do I even bother trying?*
- *I am worthless*
- *I feel depressed/anxious/manic*

Feelings

Our **feelings** will most likely turn into an unhealthy **behavior**, such as:

- *I run after the bus as it pulls away, cursing at the driver, increasing my stress levels*
- *I decide to have a cigarette, even though I have been trying to quit*
- *Instead of going to work I go home and get drunk*
- *I call my boss and tell her I am sick and cannot come in*
- *I call my sister and yell at her for making me miss the bus*
- *I go home and sleep all day*

Worry and his cousin, Anxiety

Worrying oftentimes triggers stress and negative thinking. Earlier we talked about external or outside stressors. Worry is an example of **internal stress**, as it self-generated. Anxiety is the outcome of excessive worrying.

What is Worry?

Worry includes:

- Being preoccupied with the "what if's"
- Thinking about worst case scenarios
- Having endless doubts or fear about a decision you have made or have to make in the future
- Feeling paralyzed and unable to accomplish a task
- Obsessing over something that is completely out of our control

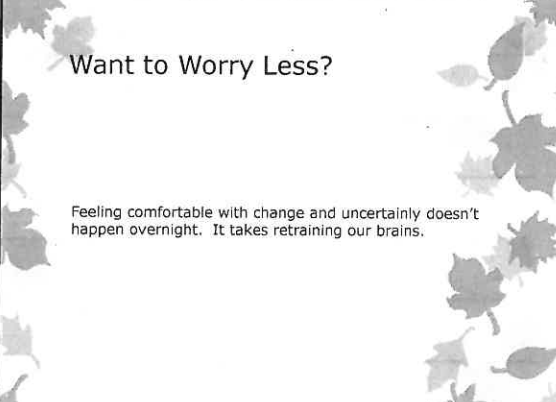
Side Effects of Worry

- Worry can make you physically sick
- Worry can keep you up all night
- Worry will take precious time away from other important things you need to do
- Worry can prevent you from finding solutions
- Worry impedes progress
- Worry leads to undesirable behaviors
- Worry WILL make you feel VERY STRESSED

Want to Worry Less?

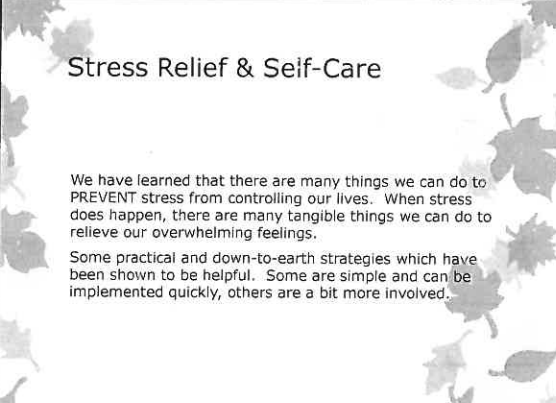
There is no elixir to prevent worry and anxiety. However, research shows that if we can adopt 4 words into our lives, we can greatly decrease our levels of worry and anxiety. These 4 words are:

ACCEPT CHANGE AND UNCERTAINTY



Want to Worry Less?

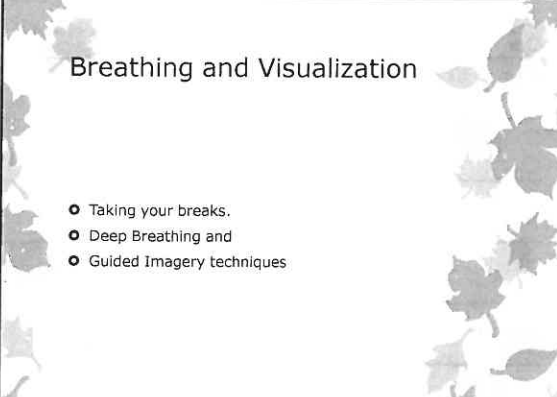
Feeling comfortable with change and uncertainty doesn't happen overnight. It takes retraining our brains.



Stress Relief & Self-Care

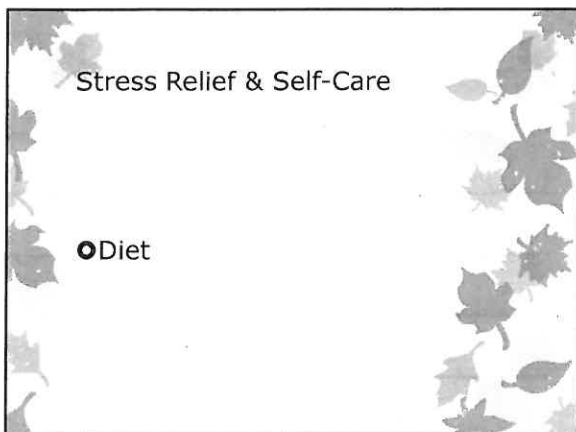
We have learned that there are many things we can do to PREVENT stress from controlling our lives. When stress does happen, there are many tangible things we can do to relieve our overwhelming feelings.

Some practical and down-to-earth strategies which have been shown to be helpful. Some are simple and can be implemented quickly, others are a bit more involved.



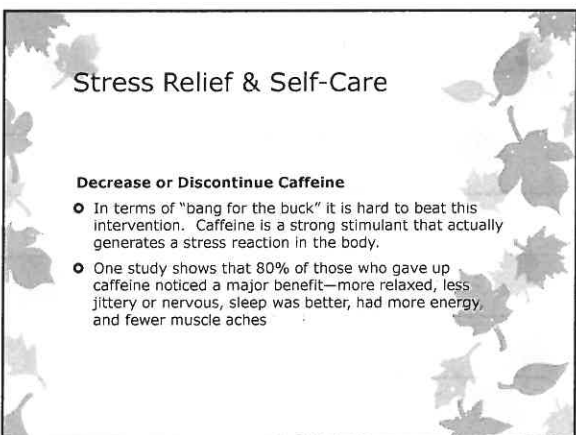
Breathing and Visualization

- Taking your breaks.
- Deep Breathing and
- Guided Imagery techniques



Stress Relief & Self-Care

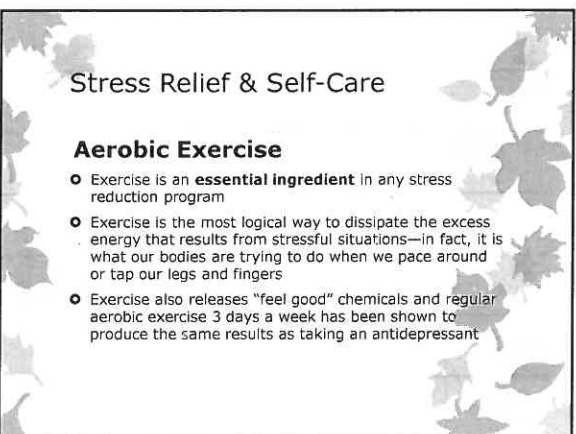
- Diet



Stress Relief & Self-Care

Decrease or Discontinue Caffeine

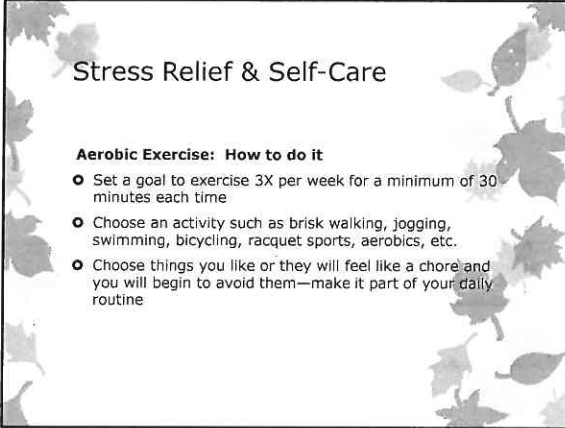
- In terms of "bang for the buck" it is hard to beat this intervention. Caffeine is a strong stimulant that actually generates a stress reaction in the body.
- One study shows that 80% of those who gave up caffeine noticed a major benefit—more relaxed, less jittery or nervous, sleep was better, had more energy, and fewer muscle aches



Stress Relief & Self-Care

Aerobic Exercise

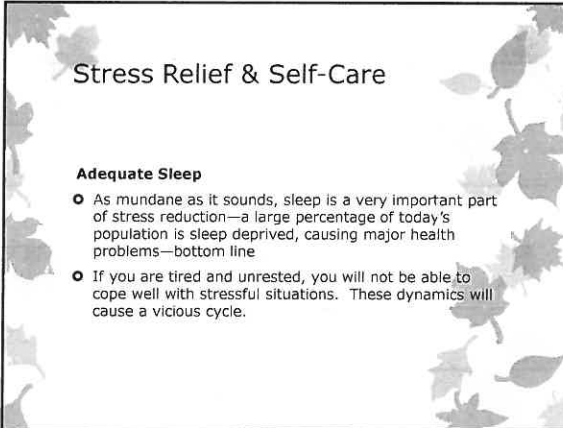
- Exercise is an **essential ingredient** in any stress reduction program
- Exercise is the most logical way to dissipate the excess energy that results from stressful situations—in fact, it is what our bodies are trying to do when we pace around or tap our legs and fingers
- Exercise also releases "feel good" chemicals and regular aerobic exercise 3 days a week has been shown to produce the same results as taking an antidepressant



Stress Relief & Self-Care

Aerobic Exercise: How to do it

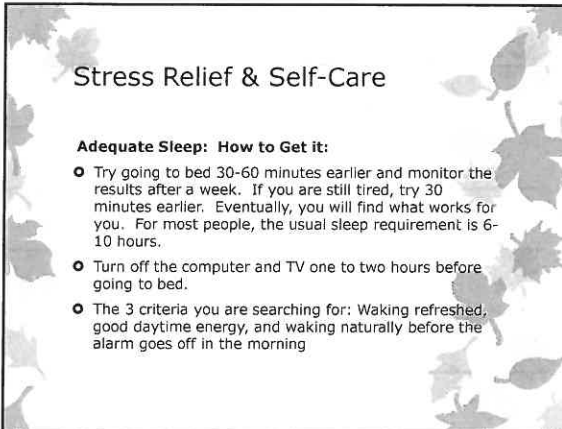
- Set a goal to exercise 3X per week for a minimum of 30 minutes each time
- Choose an activity such as brisk walking, jogging, swimming, bicycling, racquet sports, aerobics, etc.
- Choose things you like or they will feel like a chore and you will begin to avoid them—make it part of your daily routine



Stress Relief & Self-Care

Adequate Sleep

- As mundane as it sounds, sleep is a very important part of stress reduction—a large percentage of today's population is sleep deprived, causing major health problems—bottom line
- If you are tired and unrested, you will not be able to cope well with stressful situations. These dynamics will cause a vicious cycle.



Stress Relief & Self-Care

Adequate Sleep: How to Get it:

- Try going to bed 30-60 minutes earlier and monitor the results after a week. If you are still tired, try 30 minutes earlier. Eventually, you will find what works for you. For most people, the usual sleep requirement is 6-10 hours.
- Turn off the computer and TV one to two hours before going to bed.
- The 3 criteria you are searching for: Waking refreshed, good daytime energy, and waking naturally before the alarm goes off in the morning

Stress Relief & Self-Care

Pace Yourself

- Pacing has 2 components:
 - Monitoring your stress and energy levels
 - Pacing yourself accordingly—one of the first symptoms of distress is fatigue, which we tend to ignore. It is critical that you do something about it before it turns into exhaustion and crisis.

Stress Relief & Self-Care

Pace Yourself: How to do it

- The key to pacing is taking periodic time-outs
- According to an excellent book called The 20-minute break, we all have cycles through the day called ultradian rhythms
- When the low periods occur, it is best to take 20 minute "ultradian healing breaks" as opposed to working through them and building up stress
- Like the "catnap," these are a good investment of time that pays back quickly in increased productivity

Stress Relief & Self-Care

Ventilation/Support System

- Part of being involved in a helping profession is the opportunity to be a part of a team. As a member of the staff team your role is that of being a trusted and empathic listener--someone who can offer validation and encouragement. It is equally critical that we our own system of "ventilation."
- There is an old saying that "a problem shared is a problem halved." People who keep things to themselves carry a considerable and unnecessary burden.

Stress Relief & Self-Care

Ventilation/Support System: How to Do It

- Establish a support system consisting of a few trusted relatives, colleagues, or friends that you can trust to talk to when you are upset, stressed out, or worried.
- Get involved in local opportunities to network with other professionals—make the time to meet with them, even if it is outside of work hours.
- Use writing as a form of ventilation, especially when dealing with hurt or anger. Write a letter to the person you are angry or upset with—do not send and destroy after writing. The value is in expressing the feelings and getting them out.

Stress Relief & Self-Care

Aromatherapy with Essential Oils

- Aromatherapy is a branch of herbal medicine that uses the medicinal properties of the essential oils of plants and herbs; it dates back to the ancient times in Egypt, Italy, India, and China.
- Essential oils can affect almost every organ system in the body. When an essential oil is inhaled, the molecules enter the nasal cavity and stimulate the limbic system in the brain. This makes the effects of essential oils immediate in bringing about emotional and physiological balance.

Stress Relief & Self-Care

Aromatherapy with Essential Oils: How to Use Them

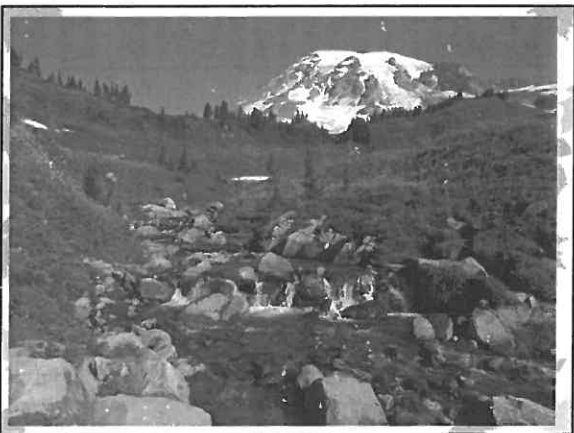
- Essential oils are inexpensive and can be purchased at any drugstore.
- 5 Best Essential Oils for Stress Relief:
 - Lavender—Sweet & floral, soothes the nerves
 - Bergamot—Uplifting aroma, very healing for anxiety & depression
 - Peppermint—Uplifting aroma, especially good for mental fatigue
 - Vetiver—Deep & earthy, useful for insomnia and racing thoughts
 - Ylang Ylang—Sweet & floral, same effect on the psyche as alcohol, especially helpful for type-A personalities

Stress Relief & Self-Care

Get Back to Nature!

- Nature is the universal stress reliever. It offers bountiful opportunities for relieving stress. You just have to be willing to take the time to drink in nature and all its beauty.
- Nature can reawaken your senses, allowing you to see things you might have previously missed.
- Nature can give you a renewed vitality for life and provide you with a welcome sanctuary from the world of blaring stereos and non-stop TV chatter










Homework Assignment

- I give you permission to take care of yourselves
- You're a courageous and caring individual
- You've earned it and you deserve it!!!
- Learn how to give yourself permission to take care of yourselves



Nurse Delegation
in the
DDA World



DEVELOPMENTAL DISABILITIES
ADMINISTRATION

WHO ARE WE?

DEPARTMENT OF SOCIAL AND HEALTH
SERVICES

8 Administrations:



- 1 DEVELOPMENTAL DISABILITIES
- 2 Aging & Long Term Support
- 3 Behavioral Health & Service Integration
- 4 Children's Administration
- 5 Economic Services
- 6 Juvenile Justice & Rehabilitation
- 7 Financial Services
- 8 Service & Enterprise Support

DDA Mission Statement

TO TRANSFORM LIVES BY CREATING
PARTNERSHIPS THAT EMPOWER PEOPLE




Who are DDA clients?

DDA clients

- represent all age groups from birth to death
- have a disability that began before age 18
- have a disability expected to continue throughout their lifetime
- have support needs that range from minimal to live independently to 24 hr. intensive supports



DDA Community Services

<ul style="list-style-type: none"> Case Management Personal Care Employment Community Access Community Supports Individual and Family Support 	<ul style="list-style-type: none"> Children's Intensive In-home Behavior Supports Children's Licensed Staff Residential Medically Intensive Children's Program (MICP) Adult Private Duty Nursing (PDN) Adult Residential Services <ul style="list-style-type: none"> - Supported Living - Adult Family Homes - Companion Homes - Group Homes - Alternative Living
---	--

DDA Nurse Delegation Referrals

CRM/SW will:

- assess client and support needs (at least annually)
- will follow policy and WACs to determine the client's FUNCTIONAL and COGNITIVE abilities.
- will identify if medications/treatments can be managed
 - ❖ independently, OR
 - ❖ with medication assistance from caregivers, OR
 - ❖ with delegation

FUNCTIONAL

Is client able to get the medication where it needs to go?

WAC 246-888-020

"must be able to put the medication into his or her mouth or apply or instill the medication."

COGNITIVE

Is client aware that what they are taking is medication?

WAC 246-888-020

"does not necessarily need to state the name of the medication, intended effects, side effects or other details..."

A person with a diagnosis of
'intellectual disability'

CAN

meet the cognitive requirement!!

CRM/SW will:

- When appropriate or when in doubt, CRM/SW will request an assessment by the RND
- Prepare and send the referral form and additional plans and assessments to the RND
- Open and manage authorization for payment for service *upon receipt of RND's referral response form*

Remember: accurate payments start with timely billing!!!

What is unique to DDA?

Nurse delegation services
can be
provided to clients
of all ages
(birth to death)



What is unique to DDA? (continued)

Delegation Services can be
provided in a
variety of
settings



(residential and vocational)

What is unique to DDA? (continued)

Request Number	Request Description	Request Date	Request Status
1	Request for additional staff	10/24/2014	Pending
2	Request for additional staff	10/24/2014	Pending
3	Request for additional staff	10/24/2014	Pending
4	Request for additional staff	10/24/2014	Pending
5	Request for additional staff	10/24/2014	Pending

DDA allows up to 100 units per month

Requests for >50 are submitted by the RND to the regional ND coordinator

What is unique to DDA? (continued)

Delegating with DDA clients may require more home visits compared to ND in other settings due to:



- Frequent staff turn-over
- Clients with frequent med changes and complex medical needs



What is unique to DDA? (continued)

Parents and relatives do not need to be delegated to perform nursing tasks.

DDA definition:

Parent or relative = a person related by blood, marriage, adoption or as a result of sharing legal custody of a minor child.



What is unique to DDA? (continued)

TRAINING

DDA provides training materials to RNs with a training contract **at no charge** (for SL, GH staff)



DDA requests training be done in a classroom setting (with self-study approved on an as-needed basis)



What is unique to DDA? (continued)

Each DDA region has 2 nurse delegation coordinators:

Region 1	Region 2	Region 3
Gail Blegen-Frost 509-374-2124	Meg Hindman 360-714-5005	Kelly Hampton 360-725-4300
Wilma Brown 509-329-2940	Kathleen Wood 206-568-5783	Tobias Clawson 360-565-2707

ROLE OF REGIONAL ND COORDINATORS

- Help train staff on policies, WACs regarding delegation
- Act as liaison between RNDs, CRMs/SW, care providers
- Maintain information about RND availability and recruit new nurses
- Help facilitate transitions between RNDs when change is necessary
- Process payment for training provided to supported living & GH staff upon receipt of rosters and evaluation forms
- Manage training materials

**Each DDA region has a
Nursing Care Consultant**

Region 1	Region 2	Region 3
Karen Elmendorf	Kathleen Donlin	Julie Thompson
509-329-2881	206-568-5739	253-404-5557

ROLE OF NURSING CARE CONSULTANTS

- What is PDN and MICP?
- Clinical Eligibility for MICP/PDN-must require 4 hours or more of continuous skilled nursing.
- MICP WAC 182-551-3000
- PDN WAC 388-106-1010

ROLE OF NURSING CARE CONSULTANTS

- Recommend MICP/PDN clients for nurse delegation assessment when the client's skilled nursing tasks are determined to be routine. (RND makes the determination of the client's status being stable and predictable).
- Prior Approvals (PA) for medication management for Children.
- Assist with transition from PDN/MICP to Medicaid Personal Care (MPC) with nurse delegation.
- Collaborate and problem-solve with RNDs

Communication
A KEY TO A SUCCESSFUL PARTNERSHIP


Referral/ Response	CRM/SW ↔ RND	Timely billing & authorizations
Task Sheets in homes		Credential/training confirmation
90 Day Review Reports to agency	New ISP to RND	Vacation planning & back up
	Quarterly RND meeting	

SUCCESSFUL DELEGATION:
 A partnership that empowers individuals with disabilities to live in the home of their choice and as independently as possible

CLIENT
CAREGIVER




CRM / SW
ND
COORDINATOR
RND
NCC




The Future of Nursing

- What does the future look like?




Purpose

- To discuss a vision of the future for nurses and nursing assistants




System Changes

Our Current Health System




FUTURE OF NURSING®
Campaign for Action

A Transformed Health System




FUTURE OF NURSING®
Campaign for Action



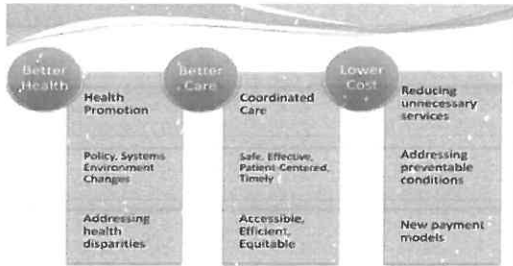
4

Expanding Scope of Practice (SOP)


- SOP Reform:
 - Use evidence-based research
 - Decisions based on demonstrated ability to perform safely
 - Recognize & support SOP overlap of other care professionals & paraprofessionals



5




Better Health	Better Care	Lower Cost
Health Promotion	Coordinated Care	Reducing unnecessary services
Policy, Systems, Environment Changes	Safe, Effective, Patient-Centered, Timely	Addressing preventable conditions
Addressing health disparities	Accessible, Efficient, Equitable	New payment models



6


Nursing & Nursing Assistant Education

- Pressure to prepare new nurses at all levels more quickly and efficiently.
- Is the nursing educational system in need of redesign?




Nursing Education Redesign

Current system	Future system
▪ Students primarily taught by nurses	▪ Interprofessional education
▪ Great emphasis on acute care clinical	▪ Simulation & community.
▪ Content focused a great deal on biological sciences	▪ Focus on ethics, CQI, safety, population health, and social determinants of health





Nursing Education Redesign

Current System	Future System
▪ Students advance based on passing all courses.	▪ Student advance based on competency.
▪ Students spend great deal of educational time in classroom.	▪ Less time in classroom and more time in team building, mastering competencies, and honing skills.
▪ Traditional Teaching	▪ Interdisciplinary Team



Nursing Redesign

- Distance education and technology are changing nursing practice & education .



Change

*Were there none
who were
discontented with
what they have, the
world would never
reach anything
better.* Florence
Nightingale



References


- National Council of State Boards of Nursing (2014). Implications of the affordable care act on nursing regulation and practice. *Journal of Nursing Regulation*, 5(1), 26-32.
- Thibault, G. (2013). Reforming health professions education will require culture change and closer ties between classroom and practice. *Health Affairs*, 32(11), 1928-1932.
- Washington State Nursing Commission (2014), *Nursing Education Annual Report*, retrieved at <http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/NursingPrograms.aspx>

References

- CINHC Nurse Role Exploration Project: ACA & New Nursing Roles 2013
- The Changing Role of Nursing (2012) – AHRQ
- The Future of Nursing: Leading Change, Advancing Health

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Contact Information



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Nursing Education Advisor
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Mindy.schaffner@doh.wa.gov

Submit Social Services Medical Or Shared Services Claim

To submit a Social Service Medical claim, use the EXT Social Service Medical Profile.

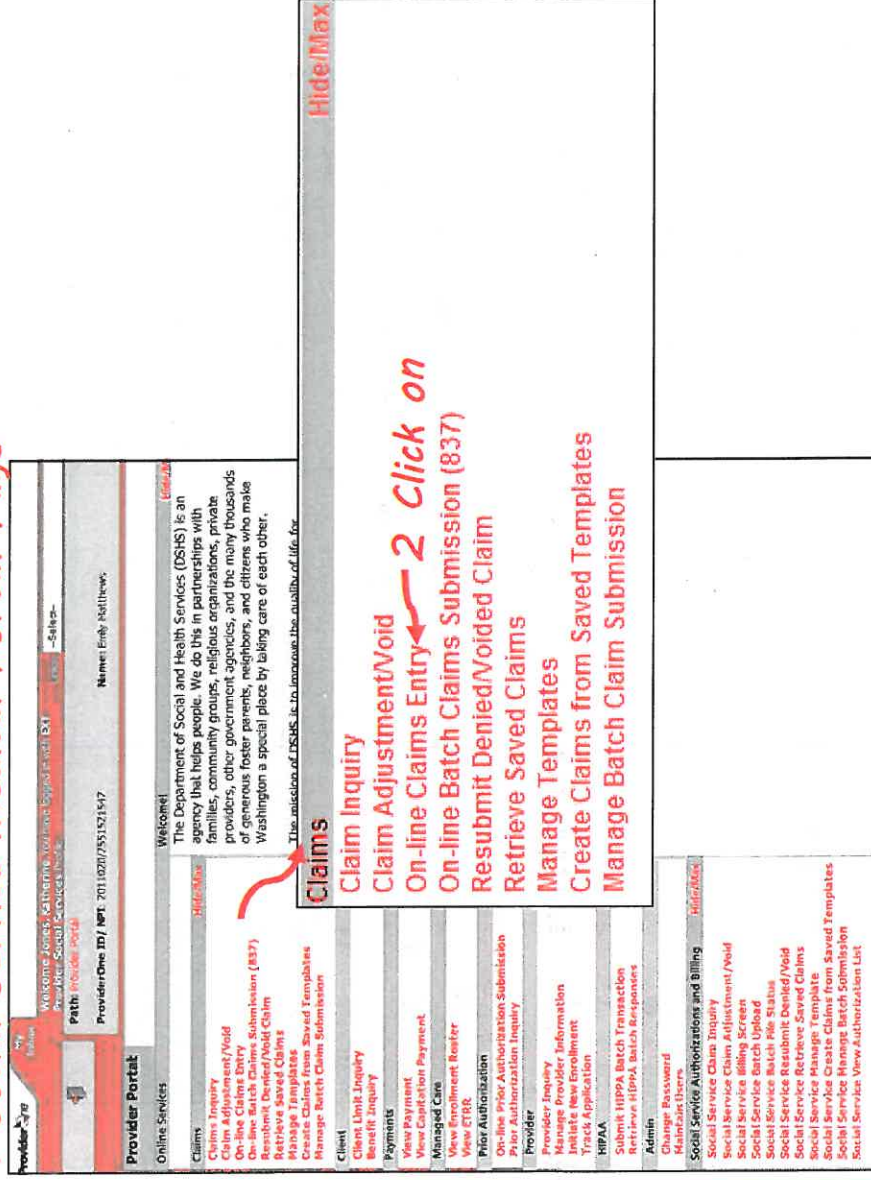
1. From the **Social Service Medical Portal Page**
2. **Click on On-line Claims Entry**

Note:

Pure Medical Claims should be submitted using the instructions for Medical Claims Submission.

The Social Services Medical/Shared Services claims do not use all the data elements that are required for pure medical claims submission. **The answers to questions in the following instructional pages pertain to Social Services related claims ONLY.**

1 Social Service Medical Portal Page



Before submitting your claim, you should have the following information at hand:

Your NPI, Taxonomy, Client data (Client ID, Client Name, Client Birthdate, Client Gender), Authorization Number, Diagnosis Code, Service From and Service To Dates, Procedure Code and Modifier (if applicable), Diagnostic Pointer, Charges, and # of Units.

- 3 Options Page

Choose an Option.	
Submit Professional	4 Click on Submit Professional
Submit Institutional	Submit Institutional
Submit Dental	Submit Dental

Header View		Print		Select	
		Path: Provider Portal Claim Submission			
?	?				
Claim	Show Claim	Save Claim	Admit		
PROVIDER CLAIM					
NOTE: asterisks (*) denote required fields.					
Billing Information					
Provider Information					
Go to Other Claim Info to enter information for Referring, Attending, Supervising and other providers.					
Billing Provider *					
Taxing Unit *					
Taxing Unit Code *					
Is the Billing Provider also the Insuring Provider? Yes <input type="radio"/> No <input checked="" type="radio"/>					
Is this service the result of a referral? Yes <input type="radio"/> No <input checked="" type="radio"/>					
SUBMITTER/CLIENT INFORMATION					
Submitter/Client *					
Client ID *					
Assignments/Endorsements/Classes Information					
Is this claim Not a Study on Non-Plan Client? Yes <input type="radio"/> No <input checked="" type="radio"/>					
Is this a Multiple Occurrence Claim? Yes <input type="radio"/> No <input checked="" type="radio"/>					
<input checked="" type="checkbox"/> OTHER INSURANCE INFORMATION					
CLAIM INFORMATION					
Go to Other Claim Info to obtain the following claim details information: Specialized Line Details, Endorsement Line Data, Limit Level Properties, Noteable Loss Date Entry, Test Results to Form Identification Information.					
<input checked="" type="checkbox"/> PRIOR AUTHORIZATION					
<input checked="" type="checkbox"/> CLAIM NOTE					
<input checked="" type="checkbox"/> CREDIT AND DEDUCTION					
<input checked="" type="checkbox"/> CONDITION INFORMATION					
Is this claim Accident related? Yes <input type="radio"/> No <input checked="" type="radio"/>					
CLAIM DATA					
Patient Account No. *					

Provider Information

1. Enter NPI
2. Enter Taxonomy Code
3. Select Yes for Rendering Provider
4. Select No for Referral

denotes required fields.

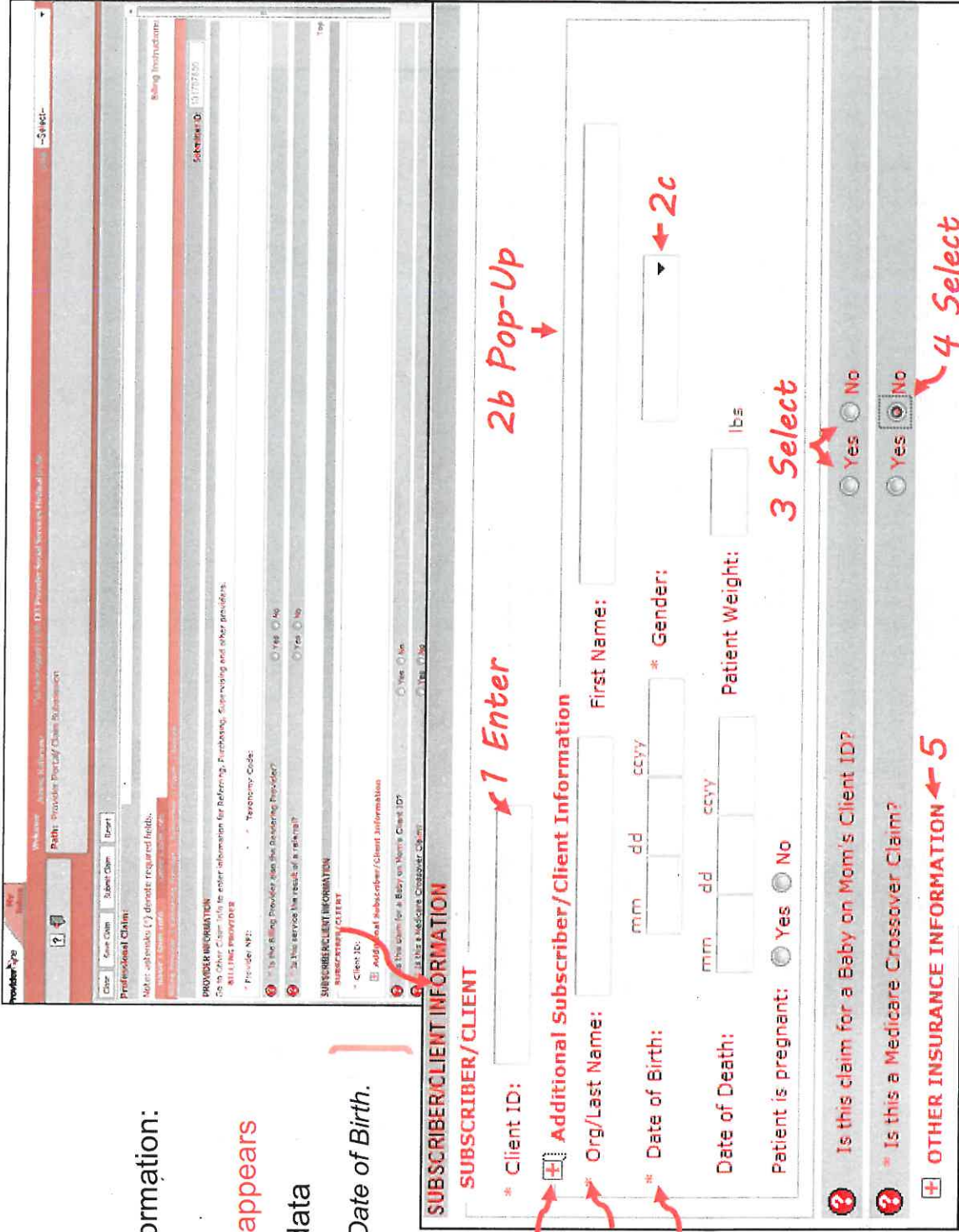
Subscriber/Client Information

Subscriber/Client Information
Section:

1. Enter Client ID
2. Additional Client information:
 - a. Click on 
 - b. Pop-up section appears
 - c. Enter required data

See pg. 17 to find clients Date of Birth.

Subscriber/Client Information



SUBSCRIBER/CLIENT INFORMATION

* Client ID: **1 Enter**

Additional Subscriber/Client Information **2b Pop-Up**

Org/Last Name: First Name:

Date of Birth: mm dd ccyy **2c** Gender: **2c**

Date of Death: mm dd ccyy

Patient is pregnant: ☐ Yes ☐ No **3 Select**

Patient Weight: lbs

Is this claim for a Baby on Mom's Client ID? ☐ Yes ☐ No **4 Select**

Is this a Medicare Crossover Claim? ☐ Yes ☐ No

OTHER INSURANCE INFORMATION **5**

3. Select for Baby on Mom's Client ID

4. Select No Medical Crossover Claim

5. Not applicable

- Other Insurance Information

Claim Information

Claim Information Section:


1. Prior Authorization:

- Click on 
- Pop-up section appears
- Enter the authorization number from your Authorization List

Claim Information

CLAIM INFORMATION

Go to Other Claim Info to include the following claim detail information:
Specialized Line Services, Miscellaneous Line Data, Line Level Providers, Miscellaneous Line Dates, Test Results or Form Identification Information.

1a Click on 

2b Pop-Up

1. * Prior Authorization Number:

1c Enter

2

3 Enter

3

Is this claim accident related? ☐ Yes ☒ No

2. Not applicable

- Claim Note
- EPSDT Information
- Conditional Information

3. Select No for Accident Related

Authorization List

Authorization	Line	Suffix	Client ID	Client Name	Provider ID	Service Code	Service Description	Modifier
10000000251	3	1	200507004WA	WATERS, BILL	20110200H	5A722	Group home services	
10000002587	2	1	200507004WA	WATERS, BILL	20110200H	55136	Adult companionship per diem	

Authorization Number is taken from the Authorization Service Line.

Claim Information

4. Claim Information Section (Cont.):

- Enter your business's Patient Account Number (optional)

CLAIM DATA											
Patient Account No.: <input type="text"/>											
* Place of Service: <input type="text"/>											
<input checked="" type="checkbox"/> Additional Claim Data											
Diagnosis Codes: * 1:		2:		3:		4:		5:		6:	
7:		8:		9:		10:		11:		12:	

← 4a Enter ← 4b No Action

- The "Place of Service" was provided in the prior step. No action is required here.

- Enter Diagnosis Codes

CLAIM DATA											
Patient Account No.: <input type="text"/>											
* Place of Service: <input type="text"/>											
<input checked="" type="checkbox"/> Additional Claim Data											
Diagnosis Codes: * 1:		2:		3:		4:		5:		6:	
7:		8:		9:		10:		11:		12:	

← 4c Enter

Diagnostic Codes are required.

Please Note: The ProviderOne help line cannot provide or recommend diagnosis codes. Do not enter decimal points. ProviderOne will automatically enter decimal points.

b. Select location

“*” denotes required fields.

Basic Line Information

Basic Service Line Items Section (Cont.):

4. **Enter** Procedure/Service Code
5. **Enter** Modifier. Note: A Service Code may not have a modifier

Procedure (Service) Codes and
Modifier are found in the
Authorization Service Line.

BASIC LINE ITEM INFORMATION

Click on Other Svc. Info in each line item to include the following additional line item information:
Attachment, Drug, DMERC Condition, Health Services, Test Results, Home Oxygen Therapy, Service Facility, Miscellaneous Numbers, Indicators, Providers, Dates and Amounts, Medical Equipment, Ambulance Transport, Line Item Note, Other
Payer, Spinal Manipulations, Purchased Services and Line Adjudication.

BASIC SERVICE LINE ITEMS

Service Date From: mm dd ccyy

Place of Service:

Procedure Code: **4 Enter**

Submitted Charges: \$

Units:

☒ Medicare Crossover Items

National Drug Code:

☒ Drug Identification

☒ Prior Authorization

☒ Additional Service Line Information

Note: Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Line No	Service Dates From	To	Proc. Code	Modifiers 1	2	3	4	1	2	3	4	Submitted Charges	Units	PA Number
1														
2														

Service Date To: mm dd ccyy

Modifiers: 1: **5 Enter**

Diagnosis Pointers: 1: 2: 3: 4:

Add Service Line Item Update Service Line Item

Total Submitted Charges: \$

Authorization List

Authorization	Line	Suffix	Client ID	Client Name	Provider ID	Service Code	Service Description	Modifier
10000000251	3	1	200907004WA	WATERS, BILL	20110000	SA722	Group home services	
10000002587	2	1	200907004WA	WATERS, BILL	20110208	55136	Adult companioncare per diem	

Basic Line Information

Basic Service Line Items Section (Cont.):

6. Enter total charges for this claim.
7. Enter number of units for this claim

The provider must do the math:

$$\begin{matrix} \text{Unit} \\ \times \text{Rate} \\ \hline \text{Submitted charge} \end{matrix}$$

BASIC LINE ITEM INFORMATION

Click on Other Svc Info in each line item to include the following additional line item information:
Attachment, Drug, DMERC Condition, Health Services, Test Results, Home Oxygen Therapy, Service Facility, Miscellaneous Numbers, Indicators, Providers, Dates and Amounts, Medical Equipment, Ambulance Transport, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Adjustment.

BASIC SERVICE LINE ITEMS

Service Date From: mm dd cery Service Date To: mm dd cery

Place of Service:

Procedure Code:

Submitted Charges: \$ **← 6 Enter**

Units: **← 7 Enter**

☒ Medicare Crossover Items

National Drug Code:

☒ Drug Identification

☒ Prior Authorization

☒ Additional Service Line Information

Note: Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Line No	Service Dates	To	Proc Code	Modifiers	Diagnosis Ptrs	Submitted Charges	Units	PA Number
1	2	3	4	1	2	3	4	

Total Submitted Charges: \$

Add Service Line Item Update Service Line Item

Basic Service Line Items Section (Cont.):

8. Diagnosis Pointers

- Click on  Diagnosis Pointers pull-down menu
- Select pointer

BASIC LINE ITEM INFORMATION

Click on Other Svc Info in each line item to include the following additional line item information: Attachments, Drug, DMERC Condition, Health Services, Test Results, Home Oxygen Therapy, Service Facility, Miscellaneous Numbers, Indicators, Providers, Dates and Amounts, Medical Equipment, Ambulance Transport, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Adjustment.

BASIC SERVICE LINE ITEMS

Service Date From: mm dd ccyy Service Date To: mm dd ccyy

Place of Service:

Procedure Code:

Submitted Charges: \$

Units:

☒ Medicare Crossover Items

National Drug Code:

☒ Drug Identification

☒ Prior Authorization

☒ Additional Service Line Information

Note: Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Line No	Service Dates From	To	Proc Code	Modifiers	Diagnosis Pnters	Total Submitted Charges
1				1	2	3
2				4	1	2
3				3	4	1
4				2	3	4
5				1	2	3
6				4	1	2
7				3	4	1
8				2	3	4
9				1	2	3
10				4	1	2
11				3	4	1
12				2	3	4

PA Number

8a Click on

8b Select

Add Service Line Item

Update Service Line Item

11 of 19

Basic Line Information

Basic Service Line Items Section (Cont.):

12. If you would like to add additional claim service lines:

- Enter Basic Line Information**
- Click on Add Service Line Item**

- You can add up to 31 service lines per claim.
- All service lines within a claim must be for a single Authorization Number.
- You can include different Service Codes, so long as they are part of the same Authorization.

12a Enter

12b Click on

BASIC LINE ITEM INFORMATION

Click on Other Svc Info in each line item to include the following additional line item information: Attachment, Drug, DIVERC Condition, Health Services, Test Results, Home Oxygen Therapy, Service Facility, Miscellaneous Numbers, Indicators, Providers, Dates and Amounts, Medical Equipment, Ambulance Transport, Line Item Note, Other Payer, Special Manipulations, Purchased Services and Line Adjustment.

BASIC SERVICE LINE ITEMS

Service Date From: mm dd ccyy

Place of Service:

Procedure Code:

Submitted Charges: \$

Units:

☒ Medicare Crossover Items

National Drug Code:

☒ Drug Identification

☒ Prior Authorization

☒ Additional Service Line Information

Note: Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

Service Date To: mm dd ccyy

Modifiers: ft: 2: 3: 4:

Diagnosis Pointers: 4: 2: 3: 4:

Add Service Line Item Update Service Line Item

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Line No.	Service Dates	Proc. Code	Modifiers	Diagnosis Ptnrs	Submitted Charges	Units	PA Number
1	09/09/2014	09/09/2014 T1002			100	1	

Total Submitted Charges: \$

77

Delete or Other Service Info

1. To view or edit a claims Service Line:

- This section covers how to edit a claim you are working on prior to submission.*

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Line No.	Service Dates	Proc. Code
	From	To
1	09/09/2014	09/09/2014 T1002

7a Click on

To View, Edit , or Delete a Service Line (Cont.):

- To edit, **update** data.
- Click on Update Service Line**
- Updated Service Line **appears**

2

BASIC LINE ITEM INFORMATION

Click on Other Svc Info in each line item to include the following additional line item information: Attachment, Drug, DMERC Condition, Health Services, Test Results, Home Oxygen Therapy, Service Facility, Miscellaneous Numbers, Indicators, Providers, Dates and Amounts, Medical Equipment, Ambulance Transport, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Adjustment.

BASIC SERVICE LINE ITEMS

Service Date From: mm dd yyyy

Place of Service:

Procedure Code:

Submitted Charges: \$

Units:

☒ Medicare Crossover Items

National Drug Code:

☒ Drug Identification

☒ Prior Authorization

☒ Additional Service Line Information

Note: Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

Service Date To: mm dd yyyy

Modifiers: 1: 2: 3: 4:

Diagnosis Pointers: 1: 2: 3: 4:

Add Service Line Item Update Service Line Item

Total Submitted Charges: \$

Line No	Service Dates From	To	Proc Code	Modifiers	Diagnosis Pointers	Submitted Charges	Units	PA Number
1	09/09/2014	09/09/2014	T1002	1 2 3 4	1 2 3 4	100	1	1

Deletes or Other Service Info

3 Click on

4

- To delete a service line **click on delete** at the end of the desired service line.

5 Click on

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Line No	Service Dates From	To	Proc Code	Modifiers	Diagnosis Pointers	Submitted Charges	Units	PA Number
1	09/09/2014	09/09/2014	T1002	1 2 3 4	1 2 3 4	100	1	1

Deletes or Other Service Info

1. Click on Submit Claim

The screenshot shows the ProviderOne web portal interface. At the top, there is a navigation bar with 'My Inbox' and a question mark icon. Below this, a red banner displays 'Welcome TESTER02, BATCH UPLOAD. You have logged-in with EXT Provider Social Services Medical profile.' and 'Path: Provider Portal/ Claim Submission'. On the left, there is a 'CLAIM DATA' section with buttons for 'Close', 'Save Claim', 'Add Claim', and 'Reset'. A red arrow points to the 'Submit Claim' button, with the text '1 Click on' written next to it. The main content area shows a table for 'Previously Entered Line Item Information' with columns for Line No., Service Name, To, From, and Price Code. At the bottom right, there is a 'Total Submitted Charges: \$' section.

2. Backup Document Pop-up appears

a. Click on Cancel

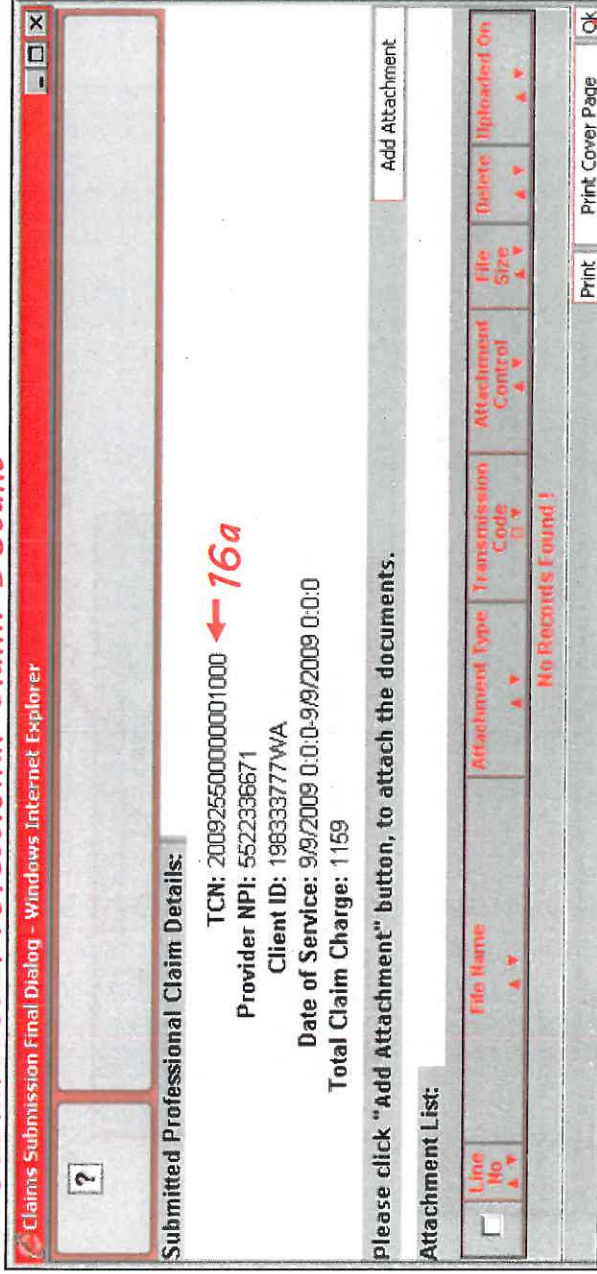
The screenshot shows a 'Windows Internet Explorer' pop-up window. The window title is 'Windows Internet Explorer'. The main text asks 'Do you want to submit any Backup Documentation?'. There are two buttons: 'OK' and 'Cancel'. A red arrow points to the 'Cancel' button, with the text '2 Click on' written next to it.

16. Claims Submission Claim Details **appears.**

- Transaction Control Number (TCN)** is used for tracking the claim.
- Click on Ok**

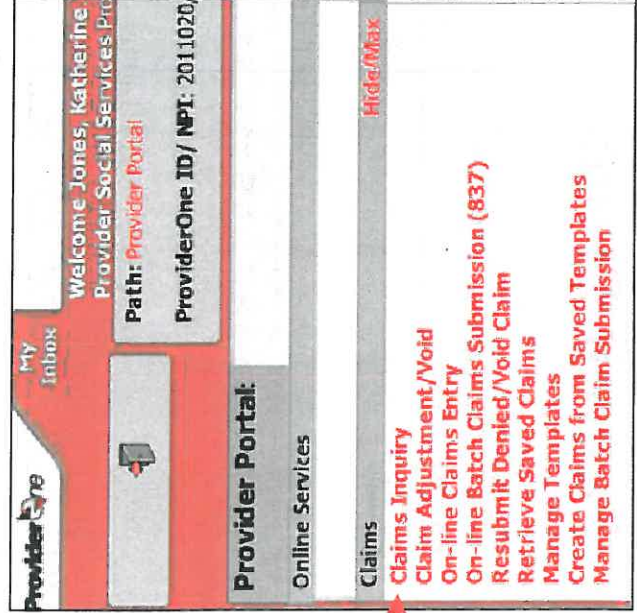
*You must click on **OK** to transmit the claim to ProviderOne.*

16 Submitted Professional Claim Details



17. After submitting a Social Service Medical claim, track the claim using **Claims Inquiry** on the Provider Portal

17 Claims Inquiry



To find a clients Date of Birth:

1. From the Social Service Medical Portal Page

2. Click on On-line Claims Entry

1 Social Service Medical Portal Page

Provider Portal

Online Services

Claims

Claims Inquiry
Claim Adjustment/Void
On-line Claims Entry
On-line Batch Claims Submission (837)
Retrieve Denied/Void Claim
Resubmit Denied/Void Claim
Retrieve Saved Claims
Manage Templates
Create Claims from Saved Templates
Manage Batch Claim Submission

Client

Client Limit Inquiry
Benefit Inquiry
Payments
View Payment
View Enrollment Payment
Managed Care
View Enrollment Roster
View ETR
Prior Authorization
On-line Prior Authorization Submission
Prior Authorization Inquiry
Provider
Provider Inquiry
Manage Provider Information
Track Application
HIPAA
Submit HIPAA Batch Transaction
Submit HIPAA Batch Transaction
Change Password
Change Password
Maintain Users
Social Service Authorizations and Billing
Social Service Claims Inquiry
Social Service Claim Adjustment/Void
Social Service Billing Screen
Social Service Batch Upload
Social Service Batch File Status
Social Service Resubmit Denied/Void
Social Service Retrieve Saved Claims
Social Service Manage Template
Social Service Create Claims from Saved Templates
Social Service Manage Batch Submission
Social Service View Authorization Info

Claims

Claims Inquiry
Claim Adjustment/Void
On-line Claims Entry
On-line Batch Claims Submission (837)
Resubmit Denied/Void Claim
Retrieve Saved Claims
Manage Templates
Create Claims from Saved Templates
Manage Batch Claim Submission

Client

Client Limit Inquiry
Benefit Inquiry

Client


Client Limit Inquiry

Benefit Inquiry ← 2 Click on

3. The Benefits Inquiry page appears

4. Enter Client ID

3 Benefits Inquiry



My

Inbox

Welcome TESTER02, BATCH UPLOAD. You have logged in with EX1 Provider Social Services Medical Profile.

Path: [Provider Portal/Client Eligibility Inquiry](#)

?

Close

Submit

To submit an Eligibility Inquiry on a specific client, complete one of the following criteria sets and click 'Submit'.

- ProviderOne Client ID (Client Identification Code) or
- Last Name, First Name AND Date of Birth or
- Last Name, First Name AND SSN or
- SSN AND Date of Birth
- ProviderOne Client ID (Client Identification Code), Last Name, First Name AND Date of Birth or
- ProviderOne Client ID (Client Identification Code), Last Name AND Date of Birth or
- ProviderOne Client ID (Client Identification Code) AND Last Name

Please contact Customer Service Center at (800) 562-3022

Client Eligibility Inquiry:

ProviderOne Client ID:

← 4 Enter

Last Name:

Date of Birth:

Inquiry Start Date:

10/20/2014

Service Type Code:

30-Health Benefit Plan Coverag

SSN:

First Name:

Inquiry End Date:

10/20/2014

Client Date of Birth

5. The Inquiry Results page appears

6. Date of Birth

5 Inquiry Results

ProviderOne

My Inbox

Welcome Smith, Adam

You have logged in with EX1 Provider Social Services Medical profile

Path: [Provider Portal](#) / [Client Eligibility Inquiry](#) / [Client Benefit Level](#)

Client ID: 12345678WA

Name: Jones, Jane

Close

Submit Another Inquiry

Exit

Selection Criteria Entered:

Date of Request: 10/20/2014

Time in Request: 01:31:58 PM PDT

Provider ID: 1234567

From Date of Service: 10/20/2014

To Date of Service: 10/20/2014

Printer Friendly Version

ProviderOne Client ID: 12345678WA

Client Date of Birth: 02/23/1956

Client SSN:

Client Last Name:

Client First Name:

Client Demographic Information:

ProviderOne Client ID: 12345678WA

Client First,Middle,Last Name: Jones

CSO/HCS: 066-TACOMA HCS

County Code: 027-Pierce

CSOR: 051-PUYALLUP CSO

Date of Birth: 08/29/1936

Gender: Female

Language: ENG-English

Placement:

ACES Client ID: 050803673

THS: FFC4J4000A

System Response Information:

Valid Request Indicator: Y

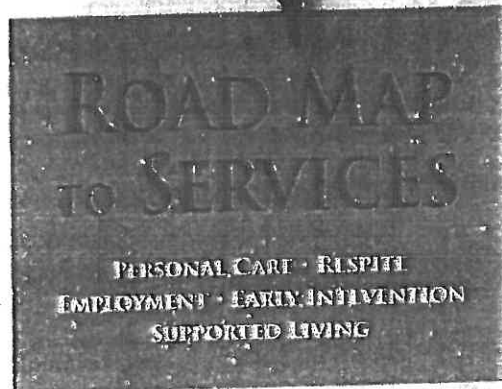
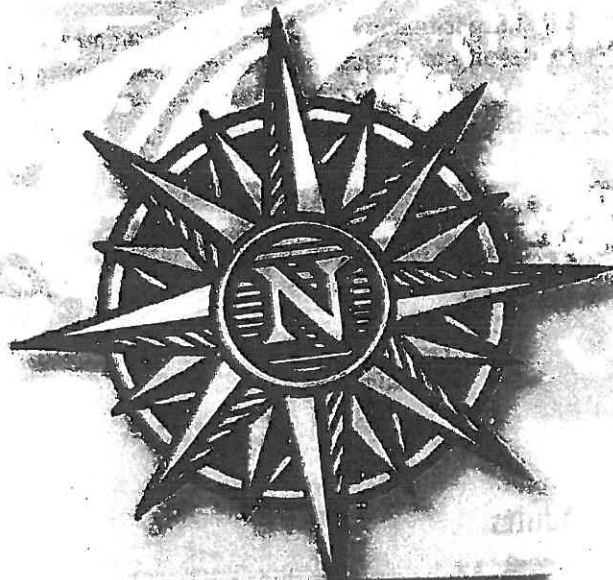
Reject Reason Code:

Eligibility or Benefit Information Code: 1-Active Coverage

Follow-Up Action Code:

Client Date of Birth: 02/23/1956

Developmental Disabilities Administration



Washington State
Department of Social
& Health Services

DDA Developmental
Disabilities Administration

OUR COMMITMENT TO YOU

The Developmental Disabilities Administration (DDA) is committed to making sure that your rights are protected.

As a DDA client, you must have a representative who can talk with you about the meaning of any change in your supports or services, as well as your appeal rights. If you don't have a representative, DDA will help you find one.

DDA will send you and your representative Planned Action Notices (PANs) every time there is a change in your services or eligibility. The notice will let you know what is happening, how to appeal if you disagree, and the timelines for appealing the decision.

Administrative Hearing rights allow you to appeal decisions regarding service changes. This information will be included in your PAN.

DDA also has a Complaint Policy and you are encouraged to call your Case Resource Manager or that person's supervisor if you have any concerns other than service decisions.

Eligibility for services is determined by an assessment completed by your Case Resource Manager. Sometimes, eligibility for a specific service is also based on income.

Availability of services may be limited by funding or enrollment limits. Participation in all DDA services is voluntary.

It is the policy of DSHS that persons shall not be discriminated against (in employment or service) because of race, color, creed, religion, national origin, sexual orientation, age, gender, presence of any sensory, mental or physical disability, use of a trained dog guide or service animal by a person with a disability, or veteran status.

ABOUT THIS BROCHURE



This brochure is a road map to services for individuals with developmental disabilities. Think of it as a bird's eye view of programs within DDA rather than a detailed description.

The map lays out programs and services by age ranges in order to give you a sense of what may be available at different stages of your life:



Infants & Toddlers
age Birth to 3



School Age Children
age 3 to 21



Adults over age 18



Adults over age 21

**For additional information, contact
the DDA Regional Office where you live:**

Region 1 North (Spokane)	1-800-462-0624
Region 1 South (Yakima)	1-800-822-7840
Region 2 North (Everett)	1-800-788-2053
Region 2 South (Seattle)	1-800-314-3296
Region 3 North (Tacoma)	1-800-248-0949
Region 3 South (Olympia)	1-800-339-8227

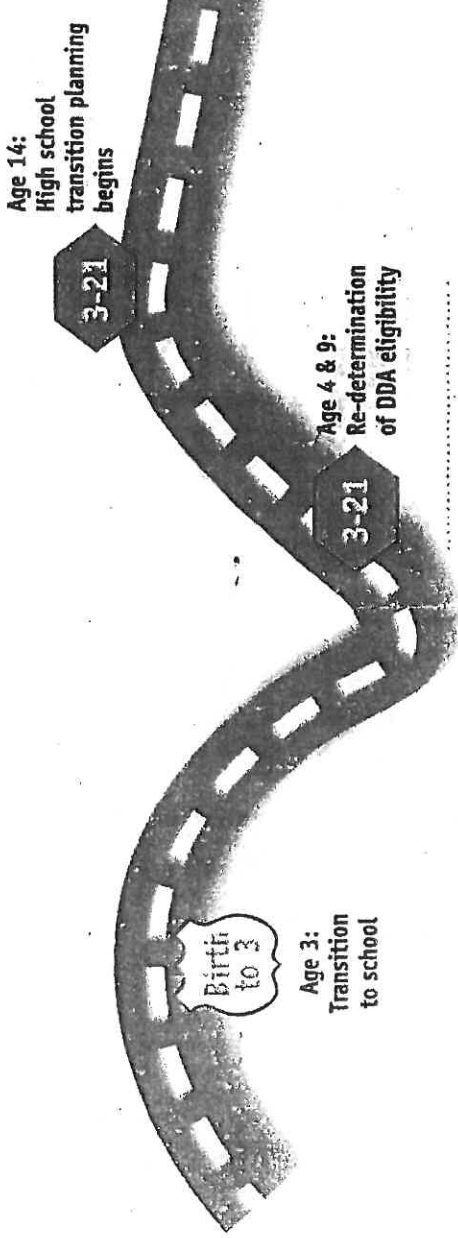
You can also visit the DDA website:
www.dshs.wa.gov/ddd





Developmental Disabilities Administration

ROAD MAP TO SERVICES



Infants & Toddlers

The Department of Early Learning's Early Support for Infants and Toddlers Program (ESIT) provides early intervention services, including family resources coordination, for eligible children from birth to age 3 and their families.

If you have a concern about your child's development, please call 1-800-322-2588 and ask for the name of the Family Resources Coordinator (FRC) in your local area. The FRC will assist you to determine if your child is eligible for early intervention services.

For more information, visit the ESIT website at: www.del.wa.gov/development/esit



Case Resource Manager (CRM)

Each person who receives DDA services is assigned a CRM who is the key to accessing information, supports, and services based on available resources.

School Age Children



At age 3, the public school system assumes responsibility for education and related services. Visit the Office of the Superintendent of Public Instruction for more information: <http://www.k12.wa.us>

In addition, your child may be eligible for:



• Medicaid Personal Care



• Family Support/Respite



• Home & Community Based Waiver Services



Family Support/Respite

Flexible supports that include respite, therapy and home modifications for individuals living their families.



Eligibility for services is determined by an assessment completed by your DDA Case Resource Manager.
Availability of services may be limited by funding or enrollment limits.



Adults



Adult services include residential and family supports to provide for the health and safety needs of individuals. Supports vary from just a few hours a month up to 24-hour support and supervision per day.

Home & Community Based Services



- Supported Living
- Group Homes
- Adult Family Homes
- Companion Homes
- Adult Residential Care



- Family Support/Respite
- Medicaid Personal Care



Facility Based Services



- Residential Habilitation Centers
- Nursing Homes



Medicaid Personal Care (MPC)

MPC provides in-home assistance with activities of daily living such as bathing, dressing, cooking, and eating. You must have a Medicaid coupon to receive this service.



Home & Community Based Waiver Services

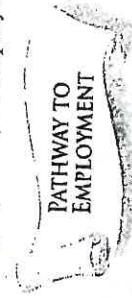
Waiver services meet different levels of need to support children and adults living at home or in a community based setting. Waiver services include employment, supported living, skilled nursing, personal care, respite, and therapies.

Adults 21+



At age 21, employment supports become available to eligible clients. All working age adults receiving these services are supported along a pathway to employment.

PATHWAY TO
EMPLOYMENT



Age 21-62

- Support and assistance to achieve meaningful employment
- Individual & Group Supported Employment
- Independent Employment

Age 62+

- Community Access is also an option after age 62